

**NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS**  
**7570 Norman Rockwell Lane, Suite 230**  
**Las Vegas, NV 89143**  
**(702) 876-5535**  
**(702) 876-2097 fax**

**APPLICATION FOR LICENSURE BY ENDORSEMENT**

Dear Endorsement Applicant:

Following this page, please find the application for licensure in physical therapy in our Great State of Nevada! Please note that Physical Therapists and Physical Therapist's Assistants must have a Nevada license to practice physical therapy in Nevada.

**Please be sure to read the instructions carefully and print all pages to avoid a delay in your application process.**

Any items received in the Board office towards the licensure process (transcripts, etc). will only be held for 6 months from the date of receipt, unless an application is received. Applications not completed within one year of receipt automatically expire. It is in your best interest to complete the requirements in a timely manner.

Please note that the Board office will only work directly with the applicant during the application process. We will not discuss your application or status of licensure with prospective employers or recruiters without a signed release from you. This is to protect your privacy and to avoid confusion.

It is suggested that you mail your application by a means in which to track delivery to the Board office. **After mailing your application, please allow at least two weeks before contacting the Board for status.** This will allow staff to create your database file and permanent file and contact your references, etc. Please make all inquiries for application status via email at [ptapplication@govmail.state.nv.us](mailto:ptapplication@govmail.state.nv.us). Include your name and last four digits of your social security number for identification. You may also follow-up via phone.

The fingerprinting process takes **approximately** 3-4 weeks for endorsement candidates using the electronic submission fingerprinting option, and **approximately** 6-10 weeks using the hard card fingerprinting option. These are only estimates based on the fingerprinting timeframe and not a guarantee of a licensure date. All items must be received in order to consider your request for licensure.

Please update the Board with any changes to your residential address or phone numbers. Also, when you secure employment in Nevada, please provide the name of the Nevada facility, complete address, phone and fax numbers. You may submit updates via fax, mail, or to the licensing assistant email provided above.

If you have any questions, please contact us. We will be pleased to assist you in any way we can.

Sincerely,  
The Nevada State Board of Physical Therapy Examiners

**INSTRUCTIONS FOR COMPLETING THE  
NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS  
LICENSE APPLICATION VIA ENDORSEMENT**

**ALL INFORMATION REQUESTED MUST BE PRINTED AND COMPLETE  
APPLICATIONS WILL BE RETURNED IF ILLEGIBLE OR INCOMPLETE**

**PLEASE CONTACT THE BOARD OFFICE IF YOU ARE A MILITARY SPOUSE**

***Application - Page One***

- 1) Complete all information as indicated.
  - a) High School information is only required for P.T.A. applicants.
  - b) List all colleges attended, even if a degree was not obtained.

***Application - Page Two***

- 1) Physical Therapy Experience. List your past three work experiences, including clinical affiliations if necessary. Please provide complete addresses and phone numbers.
- 2) Answer all questions listed, including child support section.
- 3) If you have ever been arrested, charged or convicted of a violation of a Federal Law, State Law or Municipal Ordinance and have had your **records sealed**, you may answer "no" to these questions. However, you are *required* to submit a letter to the Board explaining the incident(s) in detail (dates, charges and outcomes). As a licensing body, we are authorized by Nevada Revised Statute (NRS) 179.259(3) to receive sealed criminal records. NRS 640.160(1)(a) and 640.160(2)(g) allow the Board to deny a license if an applicant is found to have attempted to obtain a license by material misrepresentation. It is in your best interest to disclose all arrests, charges and convictions.
- 4) Complete the physical description section and attach a photograph taken within 60 days. The photo must be at least 2 x 2, no larger than 4 x 4. A passport photo usually works best.

***Application - Page Three***

- 1) Review the information provided.
- 2) Indicate exactly how you want your name to appear on your permanent license (first, middle initial and last name, or first and last only, etc). This must be your legal name, no nicknames.
- 3) Foreign-trained applicants only, please complete this section.

***Application - Page Four***

- 1) Complete the top section in the presence of a Notary Public. The Notary Public does not have to be in the State of Nevada.

## Nevada State Board of Physical Therapy Examiners REQUIREMENTS FOR THE ENDORSEMENT APPLICANT

**FINGERPRINTING.** Email the Board at [ptapplication@govmail.state.nv.us](mailto:ptapplication@govmail.state.nv.us) to request the fingerprinting information via return email. Please include your full name in your email so that we can establish a record in the office. Board staff will respond via email with the information to obtain the fingerprinting.

***Professional and Personal References.*** Provide three professional references letters, and one personal reference letter. The reference letters must be in sealed envelopes and submitted with your application. The following criteria must be followed when submitting reference letters:

**SUBMIT THREE LETTERS FROM:**

- ❖ Licensed physical therapists who can attest to your clinical skills as a physical therapist/physical therapist's assistant within the last two years.  
(new grads, use your supervisors from clinical affiliations)
- ❖ And NOT related to you by blood or marriage.
- ❖ And NOT professors/educators/classmates from any school you attended.  
(You cannot submit more than two references from the same facility)

The reference letters must include the start and end month/year of the work experience; must include information on the clinical skills of the applicant; must be typed, dated and signed. Professional letterhead is requested, but not required.

**SUBMIT ONE LETTER FROM A PERSON:**

- ❖ **Outside** the profession of physical therapy and has not worked with you.
- ❖ And competent to address your moral character.
- ❖ And NOT related to you by blood or marriage.

The personal reference letter must not contain any information on clinical skills; must include information on the applicant's moral character; must be dated and signed. A typed letter is preferred.

***License Verifications.*** Complete the top section of the form. Mail to each state in which you are now, or were previously, **licensed in any health-care related field**. Please contact the receiving jurisdiction(s) to determine if a fee is required. We will not accept faxes of verifications, nor will the Board verify your license on-line. We require original license verifications received directly from the issuing bodies in sealed envelopes.

***Transcripts.*** For every college attended (whether or not a degree was awarded), original transcripts in sealed envelopes must be mailed to the Board office. ***P.T.A.'s*** must also submit an original high school transcript in a sealed envelope.

***Jurisprudence Exam.*** Complete the provided Jurisprudence (Law) Examination and return it to the Board office with the completed application. We will return a copy of the graded examination to you. Please use the Practice Act (Nevada Revised Statutes and Nevada Administrative Code) when taking this examination. All of the answers can be found in the Practice Act. The Practice Act can be found on the Board's website at [www.ptboard.gov](http://www.ptboard.gov), click on Practice Act. Be sure to print the NAC and the NRS.

***Score Transfer.*** Transfer your national examination score to the Nevada State Board of Physical Therapy via the FSBPT web site at [www.fsbpt.net/pt](http://www.fsbpt.net/pt).

**Nevada State Board of Physical Therapy Examiners**  
**REQUIREMENTS FOR THE FOREIGN-TRAINED PHYSICAL THERAPIST APPLICANT**  
(applicants who attended non-accredited programs)

**H1B-Visa Applicants and U.S. Citizen Applicants (or other applicants holding a US Social Security #)**

Submit an original evaluation of credentials from the FCCPT that states the education of the applicant is equivalent in content to an accredited educational program for physical therapy in the United States. *This is required whether or not you hold a license in another jurisdiction.*

Foreign Credentialing Commission on Physical Therapy (FCCPT):  
511 Wythe Street  
Alexandria, VA 22314  
(703) 684-8406 phone  
(703) 684-8715 fax  
[www.fccpt.org](http://www.fccpt.org)

**In addition to the requirements above and in the application packet, all Foreign-Trained applicants must–**

- 1) Submit proof satisfactory to the Board of your licensure to practice as a physical therapist without limitation in the country in which you were trained. Send a copy of the Verification of License form to the licensing Board for completion. If the applicant provides proof that he was a citizen of the United States on the date of his graduation from physical therapy school, this requirement may be waived. The applicant must prove, to the satisfaction of the Board, they were a US citizen on the date of graduation. The Board will not accept copies from FCCPT or any other entity. The verification must be an original document in a sealed envelope as issued by your licensing jurisdiction. *This is required whether or not you hold a license in another jurisdiction*
- 2) Unless your native language is English **and** you graduated from a program of physical therapy that was conducted entirely in the English language, demonstrate proficiency in the English language by successfully completing the language tests administered by TOEFL/TSE Services. *This is required whether or not you hold a license in another jurisdiction.* Our Board's institution code is 9882. Passing scores on the computer-based tests are as follows:

Reading	21	Speaking	26
Listening	18	Writing	24

Scores more than two years old will not be reported to the Board. If your score is more than 2 years old, please contact Educational Testing Service to re-test. The Board will not accept copies from FCCPT or any other entity. Scores must be received directly from Educational Testing Service.

Educational Testing Service  
Post Office Box 4151  
Princeton, NJ 08541-6151  
(609) 771-7100  
[www.ets.org](http://www.ets.org)

*If an applicant from a non-accredited school has not worked in the US for at least 1-year full time, an appearance before the Board may be required to address the request for licensure.*

*Application for a physical therapist's assistant license requires graduation from an accredited physical therapist's assistant program. At this time, the Board does not accept credentials evaluations for physical therapist's assistants.*

**STATE OF NEVADA**  
**BOARD OF PHYSICAL THERAPY EXAMINERS**

PLEASE PRINT LEGIBLY - FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING RETURNED

☐ PHYSICAL THERAPIST APPLICANT

- OR -

☐ PHYSICAL THERAPIST'S ASSISTANT APPLICANT

I, \_\_\_\_\_  
**FIRST NAME                      MIDDLE NAME                      LAST NAME                      MAIDEN (OR OTHER NAME USED)**

herewith apply for licensure as a physical therapist/physical therapist's assistant in accordance with the provisions of Chapter 640, Nevada Revised Statutes and Chapter 640, Nevada Administrative Code.

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**CITY                      STATE                      MONTH-DAY-YEAR**

Mailing Address: \_\_\_\_\_  
**STREET                      CITY                      STATE                      ZIP**

Phone Numbers: HOME \_\_\_\_\_ CELL \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a citizen of the United States? ☐ Yes ☐ No Social Security Number: \_\_\_\_\_  
(required)

EDUCATION				
TYPE	NAME	LOCATION	DATES	DEGREE
HIGH SCHOOL				
PT/PTA SCHOOL				
COLLEGE				
COLLEGE				
OTHER				

CURRENT EMPLOYER	NAME OF BUSINESS	COMPLETE ADDRESS	TELEPHONE
List start date			

Applicant Name: \_\_\_\_\_

### Physical Therapy Experience

List your three most recent Physical Therapy Experiences. Indicate type of practice. List your position.

DATES From/To	Name	Complete Address	Phone	Type	Posit.

Please note that any absence of practice for two years or longer may require an appearance before the Board.

Please list the information for your Physical Therapy Examination:

City(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

List the state(s) of previously held and current licenses in Physical Therapy and/or other health care fields:

**Child Support Information:** Please mark the appropriate response (failure to mark one of the three will result in denial of the application):

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or;

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Has your application, license, registration, or certification to practice physical therapy in any jurisdiction ever been denied, revoked, suspended, cited, fined, surrendered, restricted, limited or placed on probation? [ ] Yes [ ] No.

Have you ever been reprimanded or fined in relation to the practice of physical therapy? [ ] Yes [ ] No.

Is there any action pending? [ ] Yes [ ] No.

Have you ever had a problem related to the habitual use of alcohol or drugs or been diagnosed and/or treated for addiction?  
[ ] Yes [ ] No.

Have you ever been **arrested** for a violation of a Federal Law, State Law, or Municipal Ordinance?  
[ ] Yes [ ] No. (See instruction sheet for information regarding sealed records)

Have you ever been **charged** with a violation of a Federal Law, State Law, or Municipal Ordinance?  
[ ] Yes [ ] No. (See instruction sheet for information regarding sealed records)

Have you ever been **convicted** of a violation of a Federal Law, State Law, or Municipal Ordinance?  
[ ] Yes [ ] No. (See instruction sheet for information regarding sealed records)

Have you ever been diagnosed, treated or hospitalized for a psychiatric or mental health condition that will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist's assistant? [ ] Yes [ ] No.

Have you ever been diagnosed as having a physical or medical condition which will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist's assistant? [ ] Yes [ ] No

A "Yes Answer" to any of the above questions will affect the processing of your application and may result in issuing a limited or restricted license or denying your request for licensure. Failure to answer truthfully is grounds for a fraudulent application and may result in denial of your request for licensure.

**If the answer is yes to any of the above questions, give details on separate sheet.**

Photo of applicant taken within 60 days of application must be attached here. Minimum 2 x 2 inches, maximum 3 x 3. Photo must clearly show facial features.

HEIGHT \_\_\_\_\_  
(feet / inches)

WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**LICENSING FEES**

Application Fee for the Physical Therapist	\$300 (Non-refundable)
Application Fee for the Physical Therapist's Assistant	\$200 (Non-refundable)

**All of the above licensing fees are payable directly to the Nevada State Board of Physical Therapy. We accept personal checks, money orders and cashier's checks. We do not accept credit cards.**

**SCORE TRANSFER FEE**

**Transfer your national physical therapy examination score at [www.fsbpt.net/pt](http://www.fsbpt.net/pt). The fee is \$80.**

**When licensed, please indicate exactly how you want your name to appear on your license**

\_\_\_\_\_ (do not list a nickname or degree or title)

**MAIL THIS APPLICATION & FEE, JURISPRUDENCE EXAM, & REFERENCE LETTERS TO:**

**NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS  
7570 NORMAN ROCKWELL, SUITE 230  
LAS VEGAS, NV 89143  
(702) 876-5535**

**~~~~~ FOREIGN - TRAINED APPLICANTS ONLY ~~~~~**

U. S. Citizen ☐ Yes ☐ No

Resident Alien ☐ Yes ☐ No

If U.S. Citizen, by:	<input type="checkbox"/> Birth	<input type="checkbox"/> Filed Declaration of Intent
	<input type="checkbox"/> Naturalization	<input type="checkbox"/> Filed petition of Naturalization

- 1) Foreign-trained applicants are **REQUIRED** to have a credentials evaluation from the Foreign Credentialing Commission on Physical Therapy which states that the applicant's education is equivalent in content to an accredited educational program for physical therapy in the United States. This is required whether or not you are currently licensed in another state.
- 2) Foreign-trained applicants are **REQUIRED** to have demonstrated proficiency in the English Language by submitting proof of successful completion of the TOEFL test including the writing, listening, speaking and reading sections.
- 3) Foreign-trained applicants **MUST** submit proof of licensure to practice as a physical therapist without limitation in the country in which the applicant was trained. This is done via the license verification form enclosed in this packet. Can be waived if US citizen on date of graduation.

AFFIDAVIT OF \_\_\_\_\_  
(NAME OF APPLICANT)

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, being duly sworn, and under penalty of perjury, state: (Name of Applicant)

1. That affiant has personal knowledge of the information contained herein and could testify to same if called upon to do so.
2. That affiant is applying for a license to practice physical therapy in the State of Nevada.
3. That the information contained in the application to practice physical therapy is true and correct.
4. That the photograph attached to the application to practice physical therapy is a true and correct image of the affiant taken within the last sixty days.

\_\_\_\_\_  
(Signature of Applicant)

SUBSCRIBED AND SWORN to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ 20\_\_\_\_\_.

BOARD MEMBER APPLICATION REVIEW SECTION

Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>		
				Chairman	Date
Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>		
				Vice Chairman	Date
Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>		
				Secretary/Treasurer	Date
Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>		
				Board Member	Date
Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>		
				Board Member	Date



**THIS SECTION TO BE COMPLETED BY THE APPLICANT**

Complete the top section of this form and mail to the Board of each state in which you are now or have ever been licensed to practice Physical Therapy AND/OR any healthcare related field. *Contact the jurisdiction to ask if there is fee for this service.*  
(Make copies if needed)

Print Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

License # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD**

This is to certify that the records of the Board of \_\_\_\_\_  
of the State of \_\_\_\_\_ indicate the following:

Name of Licensee: \_\_\_\_\_

License Number: \_\_\_\_\_

License Type \_\_\_\_\_

(i.e. PT, PTA, CNA, etc.) \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

License Status: \_\_\_\_\_

National Exam: (yes/no) \_\_\_\_\_

Licensed By: (exam/endorsement) \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_

If yes, please provide information and supporting documentation.

BOARD SEAL

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Licensing Board, please return the completed form or  
equivalent verification, to:**

Nevada State Board of Physical Therapy Examiners  
7570 Norman Rockwell Lane, Suite 230  
Las Vegas, NV 89143

# **NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS**

## **JURISPRUDENCE EXAMINATION FOR APPLICANTS**

Per Nevada Administrative Code 640.040, all applicants for licensure must complete and pass a jurisprudence examination. These questions cover the provisions of Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), Chapters 640. These provisions are known as the Practice Act.

The answers to these questions can be found by reviewing the Practice Act. Please follow the application instructions to download the Practice Act from the Board's website.

Circle one answer for each question. ***Return the original completed examination to the Board with your application.*** The examination will be reviewed by the Board office and you will be mailed a graded copy of the examination.

**A minimum of 15 correct answers is required to pass this examination.**

1. A physical therapist may supervise a maximum of \_\_\_\_\_ physical therapist's assistants.
  - a. 1
  - b. 2
  - c. 3
  - d. 4
  
2. All licensees must report any changes to their residential address or primary professional address within \_\_\_\_\_ days after the change.
  - a. 30
  - b. 60
  - c. 45
  - d. 15
  
3. All licensees must report residential address changes and primary professional addresses to the Board:
  - a. verbally
  - b. in writing
  - c. in person
  - d. All of the above

Applicant Name: \_\_\_\_\_

4. Unless renewed, all licenses expire annually on \_\_\_\_\_.
- a. December 31<sup>st</sup>
  - b. the licensee's birthday
  - c. July 31<sup>st</sup>
  - d. June 30<sup>th</sup>
5. Licensees are required to obtain \_\_\_\_\_ units of continuing education for the annual renewal of their license.
- a. 1.0 units (10 hours)
  - b. .8 units (8 hours)
  - c. 1.5 units (15 hours)
  - d. 2.0 units (20 hours)
6. A licensee shall, within \_\_\_\_\_ after providing treatment to a patient, indicate in the record of the patient the treatment that was provided.
- a. 72 hours
  - b. 5 days
  - c. 14 days
  - d. 24 hours
7. The Board has the authority to refuse to issue a license, refuse to renew a license, suspend or revoke a license, place a licensee on probation and/or impose an administrative fine of up to \$5,000. Under what section is this located?
- a. NAC 640.680
  - b. NRS 640.100
  - c. NRS 640.160
  - d. None of the above
8. Immediate supervision means that a person is \_\_\_\_\_ to give aid, direction and instruction to the person he is supervising.
- a. physically on the premises
  - b. present and immediately available within the treatment area
  - c. within 30 miles of the facility
  - d. available by cell-phone

Applicant Name: \_\_\_\_\_

9. What does the term "primary professional address" mean?
- Address where the licensee is practicing on any given day.
  - Address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours within a consecutive 30-day period.
  - Address where the licensee works for the majority of time within the calendar year.
  - Address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours within a consecutive 60-day period.
10. A physical therapist who supervises a physical therapist's assistant who provides treatment to a patient shall:
- provide the required treatment and reevaluate the patient not less than every fifth day of treatment or within 10 days, whichever comes first.
  - provide the required treatment and reevaluate the patient not less than every tenth day of treatment or within 30 days, whichever comes first.
  - provide the required treatment and reevaluate the patient not less than every seventh day of treatment or within 21 days, whichever comes first.
  - provide the required treatment and reevaluate the patient not less than every fifteenth day of treatment or within 30 days, whichever comes first.
11. A physical therapist who supervises a physical therapist's assistant who provides treatment to a patient shall provide an evaluation before the patient is discharged, based upon the availability of the patient. Under what section is this located?
- NAC 640.680
  - NAC 640.055
  - NRS 640.162
  - NAC 640.592
12. A licensee can be disciplined for failure to cooperate in an investigation.
- True
  - False

Applicant Name: \_\_\_\_\_

13. A licensee is legally required to report to the Board any unlicensed, unauthorized, unqualified or unethical practice of physical therapy.
- a. True
  - b. False
14. A licensee shall prominently display the original current license issued to him by the Board at his primary professional address during the hours the place is open for business. Under what section can this provision be found?
- a. NAC 640.800
  - b. NRS 640.100
  - c. NAC 640.560
  - d. NAC 640.120
15. A licensee shall provide medical records to a patient within \_\_\_\_ business days after receipt of a written request.
- a. 5
  - b. 10
  - c. 30
  - d. 45
16. In what section can you find information regarding the term "professionally incompetent"?
- a. NAC 640.670
  - b. NRS 640.024
  - c. NAC 640.550
  - d. NRS 640.220
17. In what section can you find the term "unearned fee" defined?
- a. NAC 640.985
  - b. NAC 640.340
  - c. NAC 640.670
  - d. none of the above
18. A licensee shall not engage in sexual activities with a patient unless:
- a. the patient consents to the relationship
  - b. there was a preexisting relationship with that person
  - c. the employer agrees to the relationship
  - d. all of the above

Applicant Name: \_\_\_\_\_

19. To remain in compliance, after the annual renewal period, current licenses MUST be posted:

- a. upon receipt by the licensee.
- b. on August 1.
- c. within 60 days of renewal.
- d. at the discretion of the employer.

20. A physical therapist's technician:

- a. means an unlicensed person who performs certain limited activities at the direction of the physical therapist.
- b. must be immediately supervised by a physical therapist when the physical therapist's technician performs treatments related to physical therapy which have been directed by the physical therapist.
- c. may not perform any activity which requires the unique skills, knowledge and judgment of a physical therapist.
- d. All of the above.

I hereby attest that I answered the above questions, without assistance from any entity or individual. I further attest that I reviewed the provided Practice Act to answer the above questions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

**Score Transfer Request**

Instructions on back of form

*To transfer your scores online, visit our website [www.fsbpt.org](http://www.fsbpt.org)***For FSBPT Use Only**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Fee Charged: \_\_\_\_\_

**CANDIDATE INFORMATION**

Current Last Name	First Name	Middle Name	SSN or AIN
Name at time of Exam, if different		Mother's Maiden Name	Date of Birth
Current Address	City	State	Zip
Email	Work Telephone	Home Telephone	
School From Which Physical Therapy Degree Was Obtained			Graduation Date (month/year)

**EXAMINATION INFORMATION****\*\*\*ALL FIELDS ARE REQUIRED\*\*\*****Type of Examination**☐ Physical Therapist☐ Physical Therapist Assistant

Date of Examination \_\_\_\_\_

State that authorized examination \_\_\_\_\_

Candidate ID Number (SSN as of November, 1996) \_\_\_\_\_

**TRANSFER INFORMATION****States\* that scores are to be transferred to:**

\*If appropriate FCCPT may be entered

1<sup>st</sup> \_\_\_\_\_☐ \$80

\$ \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_☐ \$55

\$ \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_☐ \$55

\$ \_\_\_\_\_

**Individual Score Report** (Copy for personal records)☐ \$55

\$ \_\_\_\_\_

**Total**

\$ \_\_\_\_\_

**PAYMENT METHOD**Credit card: ☐ VISA ☐ MasterCard (A 1.6% processing fee, rounded up to the nearest dollar, will apply.)

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder's Name (Printed) \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**I certify that the information, which I have provided above, is correct.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Your request will not be processed without a signature.****MAIL TO**FSBPT Score Transfer Service, 124 West Street South, 3<sup>rd</sup> Floor, Alexandria, VA 22314

Rev. 4/12 FSBPT

# **FSBPT Score Transfer Service**

## **FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY**

<https://www.fsbpt.net/pt>

*Note: Omissions or errors will result in delays. Please follow the instructions.*

### **General Information**

The purpose of the FSBPT Score Transfer Service is to facilitate the endorsement of licenses from one state to another. In offering this service, FSBPT makes no guarantees that any licensing board will accept a score transfer in lieu of other state requirements for the purposes of licensure.

You may transfer your scores on the National Physical Therapy Examination any time after taking the examination. Your scores are automatically reported to the board in the state (jurisdiction) in which you are seeking licensure and which you paid to take the examination. There is a reporting fee only when you transfer your scores to other states (jurisdictions).

You may submit an application for the FSBPT Score Transfer Service on the Internet at <https://www.fsbpt.net/pt> (note the "s" after "http"). It can also be printed from Score Transfer Service web site or you can complete and mail this form. You may also request this application form from the board of the state (jurisdiction) in which you seek endorsement/licensure. You may reach the Score Transfer Service at 703-739-9420 or [scoretransfer@fsbpt.org](mailto:scoretransfer@fsbpt.org).

### **Candidate Information**

You must provide your current name, social security number, the complete name under which you took the examination (if different from your current name), date of birth, current address, daytime telephone number, physical therapy school, and month and year graduated.

### **Examination Information**

You must provide the date (month, day and year) of the examination, the state to which you applied and paid to take the examination, and your candidate ID number. For those who tested in 1997 and later, the candidate ID number would be the same as their Social Security Number. If you do not know the date of your examination or your candidate ID number, you may contact the Federation at [scoretransfer@fsbpt.org](mailto:scoretransfer@fsbpt.org) for instructions on where to find this information.

### **Transfer Information**

The purpose of a score transfer is to transfer your score on a given examination from the jurisdiction that originally approved your registration to take the examination, to another jurisdiction in which you are seeking licensure.

The first time a score transfer is requested for a given examination date, the transfer fee is \$80.00. The fee for any subsequent requests for transfers of that score is \$55.00. If on your first request for a score transfer, you request transfers to multiple jurisdictions, the transfer to the first jurisdiction is \$80.00 and each additional jurisdiction is \$55.00. If you request transfers to multiple jurisdictions on subsequent requests, the fee is \$55.00 for each jurisdiction.

If you would like to have a copy of your score report for your personal records, you may request an Individual Score Report. The fee for this service is \$55.00 per examination.

### **Payment Method**

We accept payment by MasterCard and VISA for this service. (A 1.6% processing fee, rounded up to the nearest dollar, will apply.)

### **Processing Your Request**

The FSBPT processes score transfer requests within 5 business days. **Please note that score transfer requests cannot be processed unless all required information has been provided.** If you submit your transfer request via the Internet, the request should be processed within 2 business days.

### **Mail requests to:**

FSBPT Score Transfer Service  
124 West Street South, 3<sup>rd</sup> Floor  
Alexandria, VA 22314